S

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS			Use separate sch for each category Detailed Summan	y of the	FOR LINE NUMBER: PAGE 18 OF 26 (check only one) X 17
	ny information copied from such Reports and Stateme for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)				
	Castor for Congress				
Α.	Full Name (Last, First, Middle Initial) Humana				Date of Disbursement
	Mailing Address P.O. Box 740036				03 03 2015
	City Sta Louisville KY		Zip Code 40201		Amount of Each Disbursement this Period
	Purpose of Disbursement Employee benefits				302.53 Transaction ID : D358635
	Candidate Name			Category/ Type	
		nt For: rimary ther (sp	General		
В.	Full Name (Last, First, Middle Initial) Amy Martz Mailing Address P.O. Box 10684				Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code				Amount of Each Disbursement this Period
	Tampa FL 33629 Purpose of Disbursement Photo services				1750.00
	Candidate Name			Category/ Type	Transaction ID : D358861
	President	nt For: rimary ther (sp	General		
	State: District: Full Name (Last, First, Middle Initial)				
C.	Jason M Mills				Date of Disbursement
	Mailing Address 6601 Colony Dr S				01 152015
	City State St Petersburg FL Purpose of Disbursement	•	Code 3705		Amount of Each Disbursement this Period
	Payroll Candidate Name			Category/	Transaction ID : D358854
		nt For: rimary ther (sp	General	Type	
Г	State: District:				
s	SUBTOTAL of Disbursements This Page (optional)				3640.53

TOTAL This Period (last page this line number only).....